

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034367

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2002

Registrar's No. 1444B

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10397

20397

3

4 0

5 1

6

7 0

8 2

94201F

10

11

12 1-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in 1b <u>Yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burgo-Protestant Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1623 Irving</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Dee</u> Middle <u>---</u> Last <u>Donnahue</u>		4. DATE OF DEATH Month <u>September</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-16-1880</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>82</u> Days <u>82</u> Hours <u>82</u> Min. <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock buyer &amp; auctioneer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auction</u>	
11. BIRTHPLACE (City and state or country) <u>Butler, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>H. C. Donnahue</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Parrish</u>	
14. NAME OF HUSBAND OR WIFE <u>Mattie Donnahue</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>A. Mattie Donnahue, Springfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>---</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture rt. hip</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>H. fell at home</u>	
20c. TIME OF INJURY Hour <u>12 noon</u> a.m. <u>---</u> p.m. <u>---</u> Month, Day, Year <u>9-16-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Springfield</u> COUNTY <u>Greene</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>9-16-62</u> to <u>9-24-62</u> and last saw her/him alive on <u>9-24-62</u>		Death occurred at <u>3:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>M. D. Francis</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>600 S. Glenstone</u>	
22c. DATE SIGNED <u>9/27/62</u>		22d. LOCATION (City, town, or county) (State) <u>Anthon City Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. &amp; Bur.</u>	23b. DATE <u>9-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anthon City Cemetery</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Rainey's Chapel, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-4-62</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Meeton</u>		27. DATE SIGNED <u>9/27/62</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Eric M. Abbott*

Licensed Embalmer No. 5115

P. O. Address

*Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

print

9-24-62